

Case Number:	CM14-0142674		
Date Assigned:	09/05/2014	Date of Injury:	08/11/2010
Decision Date:	04/23/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is 31 year old male, who sustained an industrial injury on 8/11/2010. He reported a fall onto his back with severe low back pain as an industrial injury. The injured worker was diagnosed as having spinal stenosis NOS, Lumb/Lumbosacral Disc Degeneration. Treatment to date has included lumbar x-ray reported as negative (no date); lumbar MRI - two herniated discs (3/14/2014); lumbar epidural steroid injection - no benefit (4/9/14); EMG/NCV bilateral lower extremities (7/21/14); physical therapy and medications. Currently, the injured worker complains of constant "very sharp pain" across his low back with radiating down the right leg associated with numbness and tingling to this right toe. The provider, does not want an MRI of the Lumbar Spine, he wants the actual films already completed. He also indicates he does not want a CD ROM disk of the MRI. The provider is discussing surgical options with the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM -

[https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders.](https://www.acoempracguides.org/Low%20Back;Table%202,Summary%20of%20Recommendations,Low%20Back%20Disorders)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case had already completed an MRI of the lumbar spine months prior, but the requesting provider mistakenly requested another one when the intention was only to review the prior MRI before discussing the worker's surgical options. Therefore, due to the above information found in the notes provided, the request for a repeat MRI of the lumbar spine will be considered medically unnecessary.